Registration for Online Notary

PERSONAL INFORMATION

Full name:						
(Last) Name as Commissioned:	*	(First)		(Middle)		
Home Address:(Street)	(City)	(State)	(County)	(Zip)		
Email Address:	Phone N	umber:				
Florida Notary Commission Numb		40.				
Civil-Law Notary- Florida Bar Number: Date appointed:			:ed:			
Commissioner of Deeds Expiration	n date:					
I will use the following RON Service	Provider in compliance with Fl	orida Law:				
The applicant confirms:			la.			
 The technology and processes they h in Ch. 117, Florida Statutes, and Ch. They have submitted evidence of obtonian of the submitted and the submitted at the submitted at the submitted payment of regular of the submitted payment of the submitted payment of regular of the submitted payment of regular of the submitted payment of the submitted payment of regular of	1N-7, Florida Administrative Codtaining a bond in the minimum amores and Omission (E&O) insurance commission or appointment as a Newstration fee of \$10. Vocation, expiration, or termination or Commissioner of Deeds immediately online course covering the duties,	de. fount of \$25,000. foe policy in the mining Notary Public, Civil-L for of the applicant's N liately deactivates an fobligations and tech	num amount of \$25,0 Law Notary, or Commotary Public commission Online Notary Public nology requirements	oloo. nissioner of sion or c's for serving		
facts stated in it are true.	Gi					
The state of the s						
	Print Name:					
STATEOFFLORIDA	All the second					
COUNTY OF						
Swornto, affirmed, and subscribed b	pefore me by means of () phy	sical presence or	()online notarizati	ion, this		
day of 20, byv	who is personally known to me	e or who has produ	ced			
as identification.						
[PLACE NOTARIAL SEAL]	Notary Signature: Print Name:					
		Notary Public, State of Florida				
	My Commission F	My Commission Expires:				

Form: DOC IN-7, R. 1N-7.002, F.A.C, effective xx-xx-xx

STATE OF FLORIDA BOND OF ONLINE NOTARY PUBLIC

Secretary of State
Online Notary Commissions

FOR OFFICE USE ONLY Approved by Department of State:

STATE OF FLORIDA		
KNOW ALL MEN BY THES	E PRESENTS.	That we.
		as Principal, and
(Name of)	Registrant)	ao i interput, aut
(Imprint name of Surety Company)		(Telephone Number)
Thousand Dollars (\$25,000) as	ner official capa assurance for the	individual who may be harmed as a result of a breach of duty acity as Online Notary Public, in the amount of Twenty-Five the due discharge of the duties of his/her office of Online each of our heirs, executors and administrators, jointly and
Applicant was, on the date of is State of Florida, to hold office this State.	ssuance of comr for the term of f	mission, bonded as an Online Notary Public in and for the four years in accordance with the Constitution and Laws of
Now, therefore, if said applicar as prescribed by law, then this	nt shall faithfully obligation shall	
		By:(Signature of Registrant)
Signed and sealed the	_ day of	20
		(Name of Surety Company)
(Affix Surety Seal)	7	(Address of Surety Company)
		(Name of Bonding Agency or Company)
		(Address of Bonding Agency or Company) By:
		(Signature of Florida Licensed Agent)
		(Florida Licensed Agent Number)
		(Printed name of Florida Licensed Agent)
Section 817.234(1)(b), F.S. "A insurer files a statement of claim	ny person who k	(Printed name of Florida Licensed Agent) knowingly and with intent to injure, defraud, or deceive any on containing any false, incomplete, or misleading information

is guilty of a felony in the third degree."

This bond shall be for Twenty-Five Thousand Dollars (\$25,000).

After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the registration of online notary public commission.